CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

5104

FORM C/OH
COVER SHEET PG 1

<u> </u>		
The C/OH INSTRUCTE	ON GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/	TITLE FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Michael Si	Date Rectified reg
:	NICKNAME LAST SUFFIX	× 00 3 3 17
	Mike HANSON	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE	
OFFICEHOLDER ADDRESS	9903 CApital View DR.	
Change of Address	LAUSTIDITY 78747 N	で で で で で に の に に の に に に に に に に に に に に に に
Change of Address	P10, BOX 1901-1, Auto, TX78"	Necept •
⁵ CAMPAIGN TREASURER	TITLE PIRST	HD / PM Arrount
NAME		
	NICKNAME LAST SUFFIX	Date Processed
	HANSON	Date Imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE:	ZIP CODE
ADBESS Residence or business	9903 capital View DR,	
Healdening Dr. prositiosa	Austin TX 78747	
7. CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(572) 280-5039 on 657-05	523
8 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholdsr only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year Month Day THROUGH	, year 102
10 ELECTION	ELECTION DATE ELECTION TYPE Morith Day Year	_
	03/12/02 Primary Runoff	General Special
11 OFFICE	OFFICE HELD (If any) 12 OFFICE SOUGHT (If kno	
	Cty Com	missioner Petot
13 DIRECT CAMPAIGN	→ Direct campaign expenditures are campaign expenditures made by others without the ca	andidate's prior consent or approval
EXPENDITURE	Candidates are required to disclose this information only if they receive notification of the di	rect campaign experiorities.
BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	•
. additional pages		
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

<u> </u>			
14 C/OH NAME	_		5 ACCOUNT # (Ethics Continues on Here)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	tes political expenditures by political committees to support the candidate / nout the candidate's or officeholder's knowledge or consent. Candidates and by receive notice of such expenditures. ⊶	officeholder. These expenditures may officeholders are required to report this
,	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	o reportable activity occurred during this reporting period. (Sign affidavil below	and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6,378,80
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	(a) TOTAL	POLITICAL EXPENDITURES	\$6,183,08
OUTSTANDING LOAN TOTALS	5. TOTAL F	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT		I swear, or affirm, under penalty of pen is true and correct and includes all info me under Ville 15, Election Code.	ury, that the accompanying report rmation required to be reported by
	^	Signature of Candida	te or Office folder
AFFIX NOTARY STAM		Melissa Hunson this the 4	it day of Much
') '-			
May le	hich, witness my hand	MARY ANN Notary Public	CARMONA State of Texas
Signature of officer ac	iministering oath	Print name of officer administering oath	CONCOR BUTTONING COURT

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The lus	твистном Quide explains how to complete this form.	ç , <u>4</u>	1 Total pages this	Schedule A1:
2 FILER	•		3 ACCOUNT # (EII	nics Commission filers)
	Mike Hanson			
4 Date		out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		1500100	cheek
•	gog Terrese Wo,			<u>'</u> .
	Austia, TXX 2874	•		
9 Principa	il occupation (Optional)	10 Employer (Option	nal)	
Date	- A	out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	John Elmore		\$500,60	Cheeke
	Contribute address; City: State: Zip Code	w.	140	
	Austria, 1 7874.			
Principa	l occupation (Optional)	Employer (Option	nal)	
Date	Full name of contributor	ut of state PAC	Amount of contribution (\$)	In-kind contribution description (If applicable)
•	Ror, Anderson		1	manufacture.
	Contributo address; City; State; Zip Code	1	25601	CASH FRE
* * * * * * * * * * * * * * * * * * *	Austr 17	\swarrow		() () () () () () () () () ()
Principa	loccupation (Optional)	Employer (Option	(M)	
	idi owner	1	ML BO	NX
Date	Full name of contributor Timmy (Salesperse)	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
٠.	Contributor address; City; State; Zip Code		\$550,60	stakes
		• • • • • • • • • • • • • • • • • • •	'	In signa
	Auston 1	<u> </u>		
Principa	l occupation (Optional)	Employer (Option	King F	-ense
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Micheal Honnson		\$500,8	D Cash
	Contributor address; City; State; Zip Code	Austring		
	9903 Capital View	DR. 7374.	P	
Principa	loccupation (Optional)	Employer (Option	1 ew	Homes
				•

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PEEDG Sa	ene es ofter sie	10	(SCHEDULE 54 FOR FORMS C/OH & SPAC) A
The Instruction	ON GUIDE EXPIRING HOW to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	1E		3 ACCOUNT # (Et	thics Commission filers)
4 TOT	TAL OF UNITEMIZED PLEDGES: ⇔	a a a	D D	\$
5 Date	Full name of pledgor TO JAPACO 7 Pledgor address: City: State: Zip Cod 504 Summar Cuell		8 Amount of piedge (\$)	9 In-kind description (if applicable) Chack
10 Principal occu		11 Employer (option	al)	
Date	Full name of pledgor JOANNA Clandy Pledgor address: City; State; Zip Cod 6723 Beaufore Austral TX 787	1 DR1	Amount of pledge (\$)	In-kind description (if applicable) CBA
Principal occus	r:ation (optional)	Employer (option	<u>l </u>	
Date	Full name of pledgor GCORGE PULL AM Pledgor address: City; State; Zip Cod	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (options	al)	
Date	Full name of pledgor CCCCL Hum Phkly Pledgor address; City; State; Zip Gode	out of state PAC	Amount of piedge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (options	al)	
Date	Full name of pledgor C	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable) GO PICTURE POPEL FOLLO
·	pation (optional)	Employer (options	sery fl	hotography
If conti	ATTACH ADDITIONAL COPIE	S OF THIS FORM A uction guide for a	S NEEDED dditional reporti	ing requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

	O 1112.				
	The Instruction	N Guide expials a how to complete this form.	A.	1 Total pages this S	chedule A1:
2	FILER NAME			3 ACCOUNT # (Eth	cs Commission filers)
4	Date		out of state PAC	7 Amount of contribution (3)	8 In-kind contribution description (If applicable)
	•	6 Contributor address; City; State; Zip Code		\$40,60	(gift)
9	Principal occup	pation (Optional)	10 Employer (Option	nal)	
	Date	Full name of contributor Steve Balka Contributor address: City: State: Zip Code	out of state PAC	Amount of contribution (\$)	In-kind contribution description (If applicable)
	•	Austin TX			
	Principal occur	pation (Optional)	Employer (Option	naJ) 	
	Date	Full name of contributor Steve Bollow Contributor address: City: State: Zip Code	out of state PAC	Amount of ecntribution (\$)	In-kind contribution description (If applicable) PS Signs (chedit Cand)
		Austin 17X			
	Principal occup	pation (Optional)	Employer (Option		
•	Date	Full name of contributor COAL AOM DOME Contributor address; City: State; Zip Code	out of state PAC 10 Fee PCC	Amount of contribution (\$)	In-kind contribution description (if applicable)
				,	
	Principal occur	pation (Optional)	Employer (Option	nal) 	
	Date	Full name of contributor Cost_ non Various (] and of state PAC	Amount of contribution (\$)	In-kind contribution description (If applicable)
		Contributor address: City: State: Zip Code	y	\$65,00	(st)
	Principal occup	pation (Optional)	Employer (Option	nal)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The Instruc	лон Guide explains how to complete this form.		1 Total pages this	Schedule 81:
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
TC	TAL OF UNITEMIZED PLEDGES:	0 0 0	D D	\$
Date	6 Full name of pledgor	out of state PAC	g Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip	Code		
Principal occ	cupation (optional)	11 Employer (option	nal) .	
Date	Full name of pledgor	Out of state PAC	Amount of	In-kind description
	Pledgor address; City; State; Zip		pledge (1.)	(if applicable)
Principal occ	ur:ation (optional)	Employer (option	nal)	
Date	Full name of pledgor	Out of state PAC	Amount of pledge (%)	In-kind description (if applicable)
Principal occ	Pledgor address; City; State; Zip	Code Employer (option	ai)	
Date	Full name of pledgor	out of state PAC	Amount of	In-kind description
Date	Pledgor address; City; State; Zip		pledge (\$)	(if applicable)
Principal occ	upation (optional)	Employer (option	ai)	
Date	Full name of pledgor Pledgor address; City; State; Zip (out of state PAC	Amount of piedge (\$)	In-kind description (if applicable)
				·

In-kind contribution Amount of ut of state PAC Full name of contributor Date description (if applicable) contribution (\$) City: State: Zip Code Contributor address; Employer (Optional)

ATTACH AUDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

363

Principal occupation (Optional)

PLEDGED CONTRIBUTIONS

(FOR FORMS CACH & SPAC)

The Instruct	TION GUIDE explains how to complete this form	ı .	1 Total pages this	Schedule B1:
FILER NAM	ME		3 ACCOUNT # (E	thics Commission filers)
то	TAL OF UNITEMIZED PLEDGES:	a a a a	⇔ ⇒	\$
Date	6 Full name of pledgor	Out of state PAC	g Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State;	Zip Code		; . -
Principal occu	upation (optional)	11 Employer (option	nal) .	<u> </u>
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State;	Zip Code		
Principal occu	:r:ation (optional)	Employer (option	nal)	
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	Pledgor address; City; State;	Zip Code Employer (option	ai)	
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State;	Zip Code		
Principal occu	upation (optional)	Employer (option	nal)	
Date	Full name of pledgor Pledgor address; City; State;	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State;			
				· .

LOANS	SBIOH F.O. BOX 12070 . Identify 1	<u> </u>		SCHEDULE E
	:			
The Instruction Gu	DE explains how to complete this form	1.	1 Total pages Sche	odule E:
2 FILER NAME			3 ACCOUNT # (EII	nics Commission flers)
4 TOTAL OF U	NITEMIZED LOANS:	a a a a	D D	\$
5 Date of loan	7 Name of lender	Out of state PAC	~	g Loan Amount (\$)
8 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	<u></u>	10 Interest rate
Y N				11 Maturity date
12 Description of Collate	eral			
none				
13 GUARANTOR INFORMATION	1.4 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City: State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City: State;	Zip Code		Interest rate
Y N		· .		Maturity date
Description of Collate	rei			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City: State;	Zip Code		
Principal Occupation		Employer		
If lender	ATTACH ADDITIONAL C	OPIES OF THIS FORM Astruction guide for addit	S NEEDED	; requirements.

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Ners)
4 Date 5 Payeename	7 Amount (\$)
6 Payee a Idress; City: State: Zip Code	300,08
6 Fayes a Julesa. City. City.	
Candid	nplete if direct expensiture to benefit C/OH Office sough! / held
Fl. des	
Date Payaen.ime	Amount (\$)
Payee at Idress; City; State; Zip Code	c60180
	plete if direct expenditure to benefit C/OH ∞
Candid	ate / Officeholder name Office sought / held
Fleer	
Date Payee name ATAT DiReless Payee a lidress; City: State: Zip Code	Amount (\$)
	plete if direct expenditure to benefit C/OH → Officeholder naine Officeholder naine
Date Payee n.ime (to he become Payee address; City; State; Zip Code	Amount (\$) \$32,88
	plate if direct expensiture to benefit C/OH ate / Officeholder na ne Office sought / held
ATTACH ADDITIONAL COPIES OF THIS	S FORM AS NEI DED

SCHEDULE F

POLITICAL EXPENDITURES

Printed on recycled paper

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
FILER NAME	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name	7 Amount (\$)
6 Payee address; City; State; Zip Code	83,50
Purpose of expenditure 9 • Complete if discondidate / Office Candidate / Office	rect expenditure to benefit C/OH ⇔ ceholder name Ofice sought / held
	Amount
Payee address: City: State; Zip Code	53,50
	rect expenditure to benefit C/OH ==
Purpose of expenditure Candidate / Office Candidate / Office	
Date Payee name S(Sell Telephone Payee address; City; State; Zip Code	Amount (\$) 50,60
Purpose of expenditure	rect expenditure to benefit C/OH = Ofice sought / held
Phone Calls-	senotger name
Date Payee name Checks Payee address; Chy; State; Zip Code	Amount (\$) \$17,50
Purpose of expenditure — Cemplete if di Candidate / Office	rect expenditure to benefit C/OH = Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
FILER NAME	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name	7 Amount (\$)
Codor Check Sign Co	to.e
Purpose of expenditure	9 ← Complete if direct expenditure to benefit C/OH ← Candidate / Officeholder name Office sought / held
C-02	Candidate / Citicandida Hamb
Date Payee name	Amount (\$)
Payee address: City; State; Zip Cod	de /0, 60
Purpose of expenditure	Complete if direct expenditure to bennfit C/OH Candidate / Officeholder name Office sought / held
G02-	
Payee name Phylography Payee address; City: State: Zip Col	4, 563 (S
Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name A Ke HANS 50.	Amount (\$)
Payee address; City; State: Zip Cod	100000
Purpose of expenditure	→ Complete if direct expenditure to benefit C/OH →
Primary Election Fre	Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COP	IES OF THIS FORM AS NEEDED

Bis PANNING

Steve BALONO

Sign SiZNS \$275 - 7 de maps for \$40,00 Brick over \$31.77 Lead Voli mts. Tought (Phone) \$48,69 che of pasting (Lights) \$100.00 website Donatal Labor \$200,00 for mike HARSONICC Chais Athonis Labor \$150,00 site bus one

Printing Inc. 1870 Flies 71.44 Sign Effect, Luc, 990 000 Maunes too CI Iron works (Volidule) 14.62 Miller Blue Print Co. 3. 3. 3. 20 Connata). 38420 KINKOS /COTIPE S 153188 Vhs the Walgreans (Appes) 1/62072

ATT wireless calls Home depot (stickes Lowes 23,87 1484 Fists RichereL Rebert (gers) ticer mont Lunch

POLITICAL EXPENDITURES

SCHEDULE G

1-800-325-8506

The instruction	N Guide explains how to complete this form.	1 Total pages Sch	edule G:
FILER NAM	E	3 ACCOUNT # (E	thics Commission filers)
Date	5 Payee name		8 Amount (\$)
	6 Payee address; City; State; Zip Code		
		·	
	7 Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City: State; Zip Code		
			Reimbursement
	Purpose of expenditure		from political contributions intended
Date	Payée name		Amount (\$)
	Payee address; City: State; Zip Code		Reimbursement
	Purpose of expenditure		from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
·	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		t :
	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FOR	M AC NEEDED	contributions

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

 	LE H

.075			
The Instruction	Guide explains how to complete this form.	1 Total pages Sch	edule H:
2 FILER NAM	E	3 ACCOUNT # (E	(hics Commission Mers)
4 Date	5 Business name		7 Amount (\$)
	6 Business address; City; State; Zio Code		
8 Purpose of pa	yment	9 ⊶ Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ↔ Otice sought / held
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code		
Purpose of pay	ymunt	⇔ Complete if direct expenditure Candidate / Officeholder name	to benefit C/C/H Oi.ce sought / held
Date	Business name		Amount (\$)
	Business address; City; State: Zip Code		
_			
Purpose of pa	yment		Oxce sought / held
		•	Amount
Date	Business name		(\$)
	Business address; City; State; Zip Code		
		- Complete If direct expenditure	to benefit C/OH ⇔
Purpose of par	ymunt :	Complete it direct expenditure Candidate / Officeholder name	Office sought / held
			<u> </u>
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction	Guide explains how to complete this form.	edule I:
FILER NAM	E: 3 ACCOUNT # (E	thics Commission Ners)
Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name Payee address; City: State: Zi > Code	Amount (\$)
	rayee additions, City, Cities 2 / City	
	Purpose of expenditure	
Date	Payee address City; State; Zip Code	Amount (\$)
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The Instruction	N GUIDE explains how to complete this form.	pages Schedule K:
FILER NAM	3 ACC	DUNT # (Ethics Commission filers)
Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amour t (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amourd (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amourit (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amourit (\$)
	Payor address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

FORM C/OH - FR

	DE	SIGNATION OF FINAL RE	PUN I	25 L.C.		·
==	The C	JOH instruction Guide explains how to complete only if "Report Type" on C/OH pag	omplete this ge 1 is marks	form. ed "Final Rep	ocrt" •	
1	C/OH!	NAME	· 		2 ACCOUNT #(EIN	os Commission Mars
3	SIGN	ATURE				
	0 (00	not expect any further political contributions or political nort as a final report terminates my campaign treasu butions or make any campaign expenditures without a	Jrer appointment	, i also unders	(BUO (UBI I MB) HOT BECEPT	at designating iny campaign
				Sign	ature of Candidate / Office	holder
4	FILER	WHO IS NOT AN OFFICEHOLDER				
	- Com	plete A & B below <i>only</i> if you are a candidate ↔				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:	tod interest or inc	ome earned from	n political contributions.	
		I do not have unexpended contributions or unexpend				
		I have unexpended contributions or unexpended inter- convert unexpended political contributions or unexpended also understand that I must file an annual report of unexpended interest or income earned on political understand that I must dispose of unexpended policontributions in accordance with the requirements of	ended interest or nexpended contri at contributions id itical contribution	income earned in butions and that onger than six yos and unexpend	I may not retain unexpended anrs after filing this final repo	contributions
	В.	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contrib	outions or interest	or other income	from political contributions.	
		I do retain assets purchased with political contribution may not convent assets purchased with political conuse. I also understand that timust dispose of assets	tributions or Inter	est or other inco	me nom ponnica commonion	s to personai
		Election Code, § 254 204				
		en e				
					Signature of Candidate	
				<u> </u>		
5	OFFIC	EHOLDER plete this section only if you are an officeholder	•			
		I am aware that I remain subject to filing requirements	applicable to an of	ficeholder who d	ons not have a camp ligh treas	urer on file.
				·	:	
					Signature of Officeholder	

\PPOINTMENT OF A CAMPAIGN REASURER BY A CANDIDATE

FORM CTA . PG 1

MAILING: ADLIRESS ANEA CODE PHONE NUMBER EXTENSION HOPM CANDIDATE () DISTRIBUTION			
CALIDITATE NATE NICOLAME LAST SUFFIX Date Received AREA CODE PHONE NUMBER CANDIDATE HICKNE AND ADDRESS IPO BOX APT/SUITE F. CITY, STATE 2P CODE AND ADDRESS IPO BOX APT/SUITE F. CITY, STATE 2P CODE CANDIDATE AND ADDRESS IPO BOX APT/SUITE F. CITY, STATE 2P CODE THOMAS IN THE PROPERTY IN THE P	See CTA Instructio	n Guide for detailed instructions.	1 Total pages filed:
CANDIDATE NOTE: SUPPLY ACCUSED ONLY ADDRESS FOR BOX: APTY SUITE F. CITY, STATE. 2P CODE ADDRESS FOR BOX: APTY SUITE F. CITY, STATE. 2P CO			
CANDIDATE NOTE: SUPPLY ACCUSED ONLY ADDRESS FOR BOX: APTY SUITE F. CITY, STATE. 2P CODE ADDRESS FOR BOX: APTY SUITE F. CITY, STATE. 2P CO		TITLE FIRST MI	CONTRACTOR ONLY
NAME ADDRESS IPD BOX: APT I SUITE #: CITY: STATE: ZIP CODE AMELING: ADD RESS AMERICAN CANDIDATE PHONE AMERICAN CANDIDATE PHONE AMERICAN COMPANIES AMERICAN AMERICAN AMERICAN COMPANIES AMERICAN AMERICAN COMPANIES AMERICAN AMERICAN COMPANIES AMERICAN AMERICAN AMERICAN AMERICAN COMPANIES AMERICAN AMERICAN AMERICAN AMERICAN AMERICAN AMERICAN COMPANIES AMERICAN AMER	CALIDITIATE		OFFICE USE UNLT
CANDIDATE MAILING ADDRESS IPO BOX APT I SUITE P. CITY, STATE ZP CODE ADDRESS IPO BOX APT I SUITE P. CITY, STATE ZP CODE ADDRESS IPO BOX APT I SUITE P. CITY, STATE ZP CODE CANDIDATE PHONE () Data Processor Data Proces	=		Acct. #
CANDIDATE MAILING ADDITED ADDITED AREA CODE PHONE NUMBER EXTENSION DISPICE HELD OR PROCESS CAMPAIGN REASURER ALME CAMPAIGN REASURER BORESS STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE?. CITY. STATE: ZP CODE AMPAIGN REASURER DORESS AMPAICIN REASURER HONE I am aware of the Nej-otism Law, Chapter 573 of the Texas Government Code. I am aware of any resp-onsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate		NICKNAME LAST SUFFIX	Pate Ranshed
CANDIDATE MALLINES AREA CODE PHONE MANIER EXTENSION NOPM CONDIDATE One Processed CONDIDATE One Processed CONDIDATE One Processed COMPTICE HELD One Processed COMPTICE SOUGHT CAMPAIGN REASURER CAMPAIGN REASURER		1 .	Law Necestra
CANDIDATE MALLINES AREA CODE PHONE MANIER EXTENSION NOPM CONDIDATE One Processed CONDIDATE One Processed CONDIDATE One Processed COMPTICE HELD One Processed COMPTICE SOUGHT CAMPAIGN REASURER CAMPAIGN REASURER			!
CANDIDATE MALLINES AREA CODE PHONE MANIER EXTENSION NOPM CONDIDATE One Processed CONDIDATE One Processed CONDIDATE One Processed COMPTICE HELD One Processed COMPTICE SOUGHT CAMPAIGN REASURER CAMPAIGN REASURER		ADDRESS / PO BOX: APT / SUITE #: CITY, STATE: ZIP CODE	1.
MAILING: ADLIRESS ANEA CODE PHONE NUMBER EXTENSION HOPM CANDIDATE () DISTRIBUTION	CANDIDATE		1
AREA CODE PHONE MUMBER EXTENSION HOPM CANDIDATE CHOICE CHOI	MAILING		
CANDIDATE HCNE () Date Processed Date Integred	ADDRESS		
CANDIDATE HCNE () Date Processed Date Integred	<u>.</u>	1	i
CANDIDATE HCNE () Date Processed Date Integred			
CANDIDATE HCNE () Date Processed Date Integred		AREA CODE BUOME MINIBED EXTENSION	1
Designature of Candidate Date Processed Date Processed Date Processed Date Imaged Date Imag	CANDIDATE	AREA CODE PROMEEN STERIOR	но/рм
DEFICE SOUGHT TITLE FIRST MI NICHOMME LAST SUFFIX CAMPAIGN REASURER LAMPAIGN REASURER AMPAIGN REASURER DORRESS REASURER HONE AREA CODE PHONE MUNBER EXTENSION () I am aware of the Neprotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	PHONE		
DEFICE SOUGHT SAMPAIGN SAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE F. CITY. STATE: DP CODE SAMPAIGN REASURER DDRESS REGISTER AMEA CODE PHONE MURIBER EXTENSION AMPAICN REASURER HONE L am aware of the Neprotism Law, Chapter 573 of the Texas Government Code. TATEMENT AD ANCIDATE GNATURE Signature of Candidate Signature of Candidate			Date Processed
DEFICE SOUGHT SAMPAIGN SAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE F. CITY. STATE: DP CODE SAMPAIGN REASURER DDRESS REGISTER AMEA CODE PHONE MURIBER EXTENSION AMPAICN REASURER HONE L am aware of the Neprotism Law, Chapter 573 of the Texas Government Code. TATEMENT AD ANCIDATE GNATURE Signature of Candidate Signature of Candidate		1	1
DEFICE SOUGHT AMPAIGN REASURER AMPAIGN REASURER DORESS REGISTANCE AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER L' STREET ADDRESS (NO PO BOX PLEASEL APT / SUITE #: CITY, STATE, ZIP CODE AMPAICN REASURER AREA CODE PHONE NUMBER EXTENSION () L' am aware of the Nepotism Law, Chapter 573 of the Texas Government Code, and ANDIDATE GNATURE L' am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	OFFICE HELD	1.	Date Imaged
AMPAIGN REASURER LAME STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE P. CITY. STATE: ZIP CODE AMPAIGN REASURER AMPAIGN REASURER AMPAIGN () AREA CODE PHONE NUMBER EXTENSION AREA CODE PHONE NUMBER EXTENSION () EPOTISM TATEMENT AND	(If any)		
AMPAIGN REASURER LAME STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE P. CITY. STATE: ZIP CODE AMPAIGN REASURER AMPAIGN REASURER AMPAIGN () AREA CODE PHONE NUMBER EXTENSION AREA CODE PHONE NUMBER EXTENSION () EPOTISM TATEMENT AND			A+
AMPAIGN REASURER LAME STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE P. CITY. STATE: ZIP CODE AMPAIGN REASURER AMPAIGN REASURER AMPAIGN () AREA CODE PHONE NUMBER EXTENSION AREA CODE PHONE NUMBER EXTENSION () EPOTISM TATEMENT AND	OFFICE SOUGHT	1	
REASURER JAME STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY. STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY. STATE: ZIP CODE AREA SUITER DORESS AREA CODE PHONE MUNISER EXTENSION () EPOTISM TATEMENT AND	(H known)		-
REASURER LAME STREET ADDRESS (NO PO BOX PLEATE): APT / SUITE P: CITY, STATE: ZIP CODE AMPAICIN REASURER () AREA CODE PHONE MURIBER EXTENSION AREA CODE PHONE MURIBER EXTENSION () EPOTISM TATEMENT AND ANDIDATE GNATURE I am aware of the Neprotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate		TITLE FIRST MI NICHAME	LAST SUFFIX
REASURER LAME STREET ADDRESS (NO PO BOX PLEATE): APT / SUITE P: CITY, STATE: ZIP CODE AMPAICIN REASURER () AREA CODE PHONE MURIBER EXTENSION AREA CODE PHONE MURIBER EXTENSION () EPOTISM TATEMENT AND ANDIDATE GNATURE I am aware of the Neprotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	CAMPAIGN '		•
STREET ADDRESS (NO PO SOX PLEASE): APT/SUITE #: CITY, STATE: ZIP CODE AMPAICIN REASURER HONE AREA CODE PHONE MURIBER EXTENSION AREA SUITER () Lam aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	TREASURER	1	
AMPAICIN REASURER AMPAICIN REASURER HONE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	NAME	1	1
AMPAICIN REASURER AMPAICIN REASURER HONE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate		1	<u></u>
AREA CODE PHONE MURIBER EXTENSION AMPAICIN REASURER HONE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. TATEMENT add ANDIDATE GNATURE I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE /: CITY, STATE;	ZIP CODE
AREA CODE PHONE MUTBER EXTENSION AMEA CODE PHONE MUTBER EXTENSION AMEA CODE PHONE MUTBER EXTENSION () EPPOTISM TATEMENT AND ANCIDATE GNATURE I am aware of the Neptotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	CAMPAIGN		
AREA CODE PHONE MURBER EXTENSION AMEA CODE PHONE MURBER EXTENSION () EPOTISM TATEMENT AND AND IDATE GNATURE I am aware of the Neprotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	TREASURER		
AREA CODE PHONE MUNISER EXTENSION () EPOTISM TATEMENT AND AND IDDATE GNATURE I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	ADDRESS (Residence or business)		
AMPAICIN REASURER HONE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate.	. 1	r. – Lander Grand der	
AMPAICIN REASURER HONE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate.		Purplemen	
I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate Signature of		AREA CODE PHONE NURBER EXTENSION	
I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	CAMPAIGN		
I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	TREASURER PHONE	()	•
I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	MUNE		
I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate			A
I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate	NEPOTISM	Lam aware of the Nerintism Law Chapter 573 of the Text	or Covernment Code.
I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate.	STATEMENT	falli dware of the frepondin bon, onepie, or o or the	18 Government Jess.
I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code. Signature of Candidate.	and		•
the Election Code. Signature of Candidate	CANDIDATE	the state of my reconcibility to file timely reports as re	caulead by Title 15 of
Signature of Candidate.	SIGNATURE		squired by this to o.
	1	the Election Gode.	
	1		
	.	•	
	.]		•
	1		
		Signature of Candidate	4
GO TO PAGE 2	ł		
CO TO PAGE 2	·		
THU IN FAMIL A		GO TO PAGE 2	•